

interviews and focus groups with 48 young people between 16–19 years and with 22 sexual health clinicians in Victoria, British Columbia. The transcribed data were analyzed using a process of thematic analysis highlighting contexts and structures, including gender, that shaped young people's and clinicians' perspectives.

Results: Most young people indicated they required information about birth control and protection from sexually transmitted infections. However, they also wanted to discuss positive aspects of sexual health. For example, according to one participant, clinicians "should talk about how to make sex good". Young people requested that clinicians ask questions about orgasm, desire, sexual behaviour, and relationship issues. Young women often described concerns about physical pleasure that they never mentioned in clinical consultations. Young men and women positively described clinicians who "treat them like an equal person". Young people provided specific suggestions for clinical questions about sexual pleasure. In contrast, most clinicians highlighted their own knowledge and power, delivering content focused primarily on risk management: "this is a one time opportunity to get it into their heads that this is a big deal". Accordingly, they tended to reserve conversations about pleasure for adult clients. Those who were preoccupied with sexual risk emphasized approaches whose goal was to control or reduce sexual behaviour, leaving little room on the clinical agenda for discussing pleasure.

Conclusions: Young people indicated it was important that clinicians addressed both the risks and the pleasures of sexual relationship, relating to their experiences. Clinicians had their own perspectives, often reflecting more negative attitudes about adolescent sexual health. Failing to include pleasure limited some clinicians' abilities to initiate clinical conversations relevant to young people's wants and needs. New clinical content and new attitudes towards sexual pleasure should be developed to support young people in making healthy and responsible sexual choices.

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SESSION II: ADVANCED STATISTICAL METHODS

38.

A CLOSER LOOK AT THE DEVELOPMENTAL INTERPLAY BETWEEN PARENTING AND PERCEIVED HEALTH IN ADOLESCENTS WITH CONGENITAL HEART DISEASE

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Purpose: Previous research has found substantial associations between parental behaviors and quality of life, perceived health, depressed mood, and treatment adherence in adolescents with chronic illness. However, prospective research investigating the extent to which parenting develops in tandem with these indicators of adjustment is non-existent. Such research is vital for identifying vulnerable individuals who may benefit the most from prevention and intervention efforts. In the present study, we therefore sought to (1) identify clinically meaningful trajectory classes of maternal and paternal parenting and generic and illness-specific perceived health; and (2) examine how these trajectory classes of parenting and perceived health relate to one another.

Methods: Adolescents with congenital heart disease (CHD) were selected from the database of pediatric and congenital cardiology of the University Hospitals Leuven. A total of 429 adolescents (Mage = 16; 47% girls) participated in the present longitudinal study, comprising four measurement waves spanning approximately three years (i.e., intervals of 9 months). Adolescents completed questionnaires on maternal and paternal parenting (i.e., the presence of responsive, regulating, and psychologically controlling behaviors and attitudes) and both generic (e.g., social- and school-related functioning) and illness-specific domains of perceived health (e.g., cardiac symptoms and treatment anxiety). Covariates included sex, age, and illness complexity. Latent class growth analysis was used to identify trajectory classes of parenting and perceived health. Trajectory classes can be operationalized as collections of individuals who follow approximately the same developmental trajectory.

Results: The present study identified six parenting trajectory classes: democratic, overprotective, indulgent, authoritarian, psychologically controlling, and uninvolved parenting. Mothers were found to be overrepresented in the overprotective parenting class (33% versus 21%), whereas fathers were overrepresented in the indulgent parenting class (26% versus 13%). Up to 90% of adolescents showed moderate to optimal perceived health over time. Chi-square analyses showed a significant relationship between the class solutions for perceived health and both maternal ($\chi^2(10) = 40.09$, $p < .001$; Cramér's $V = .22$, $p < .001$) and paternal ($\chi^2(10) = 36.12$, $p < .001$; Cramér's $V = .21$, $p < .001$) parenting. Adolescents from democratic families fared best in terms of perceived health, whereas adolescents perceiving their mother as indulgent or authoritarian and/or their father as psychologically controlling showed relatively poor perceived health over time.

Conclusions: In the present study, a small but substantial subgroup of adolescents with CHD was found to struggle with their illness, as evidenced by poor generic and illness-specific perceived health over time. The present findings suggest that working on the parent-adolescent relationship might be an effective pathway for improving the perceived health of these adolescents. In doing so, health professionals should not only stress the importance of a warm and supportive climate at home. They should also encourage parents to foster autonomy and individuation in their children. Further, the present findings point to the importance of involving both parents in these educational efforts, as both maternal and paternal parenting were found to relate to patients' perceived health.

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39.

THE RISK OF UNINTENDED PREGNANCY AMONG YOUNG WOMEN WITH MENTAL HEALTH SYMPTOMS

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Purpose: Depression and stress have been linked with poor contraceptive behavior, but whether existing mental health symptoms influence women's subsequent risk of unintended pregnancy is unclear. We prospectively examined the effect of depression and stress on young women's unintended pregnancy risk over one year.

Methods: We used panel data from a longitudinal study of 992 U.S. women ages 18–20 years, 97% of whom reported a strong desire to

avoid pregnancy. Weekly journals measured relationship, contraceptive, and pregnancy outcomes. We examined 27,572 journals from 940 women over the first year. Our outcome was self-reported pregnancy. At baseline, we assessed moderate/severe depression (CESD-5) and stress (PSS-4) symptoms. We estimated the effect of baseline mental health symptoms on pregnancy risk with discrete-time, mixed-effects, proportional hazard models using logistic regression.

Results: At baseline, 24% and 23% of women reported moderate/severe depression and stress symptoms, respectively. Ten percent of women became pregnant during the study. Rates of pregnancy were higher among women with baseline depression (14% vs. 9%, $P=0.04$) and stress (15% vs. 9%, $P=0.03$) compared to women without symptoms. In multivariable models, the risk of pregnancy was 1.6 times higher among women with stress compared to those without stress (RR 1.6, CI 1.1, 2.7). Women with comorbid stress and depression symptoms had over twice the risk of pregnancy (RR 2.1, CI 1.1, 3.8) compared to those without symptoms. Among women without a prior pregnancy, having both stress and depression symptoms was the most strongly associated predictor of subsequent pregnancy (RR 2.3, CI 1.2, 4.3), while stress alone was the strongest predictor among women with a prior pregnancy (RR 3.0, CI 1.1, 8.8). Having depression symptoms alone was not associated with women's pregnancy risk.

Conclusions: Stress consistently, negatively influenced young women's risk of unintended pregnancy over one year. Women with comorbid mental health symptoms had the highest pregnancy risk.

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40.

CORRELATES OF CONSISTENT USE OF EFFECTIVE CONTRACEPTIVE METHODS AMONG MALE AND FEMALE ADOLESCENT AND YOUNG ADULT SOLDIERS IN TRAINING

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Purpose: Over 50% of pregnancies among adolescents and young adults in the US are unintended. Similar to civilians, the high rates of unintended pregnancy (UIP) in Army soldiers are, in part, attributed to ineffective and inconsistent use of contraceptive methods. This study aimed to identify the sociodemographic, psychosocial, and behavioral factors associated with consistent use of effective contraceptive methods (consistent-effective use) in male and female soldiers in training.

Methods: This cross-sectional study reflects baseline data of a randomized-controlled intervention trial to prevent sexually transmitted infections and UIP in Army soldiers, aged 17–36 years, during their first year of military service. Participants completed a self-administered baseline questionnaire, including measures on sociodemographic factors (gender, age, race/ethnicity, marital status, education), psychosocial factors (condom and UIP knowledge, condom and UIP attitudes, perceptions of vulnerability for UIP, and perceptions of self-efficacy, behavioral skills and behavioral intentions for preventing UIP) and behavioral risk factors (age at coitarche, number of sexual partners, history of prior unintended or intended pregnancies, and type and frequency of contraceptive method(s) used). Bivariate logistic regression analyses

were performed to determine variables for entry into the multivariate analyses. Iterative implementation of a two-block hierarchical logistic regression model identified statistically significant correlates of consistent-effective use (i.e., use of any of the following during each sexual encounter: condoms, contraceptive pills, contraceptive patch, contraceptive ring, contraceptive implant, contraceptive injection, intrauterine device, sterilization, avoidance of vaginal sex, and sex with only same-sex partner).

Results: Only participants who reported a history of sexual experience ($n=672$, 93.5%) were included in this research. Participants were young (mean age = 21), male (86.2%), racially/ethnically diverse (51.8% white, 22.2% black, 16.4% Hispanic, 9.6% other) and unmarried (87.2%). Overall, 26.6% reported a prior pregnancy of which 76.9% reported an UIP and 22.2% were consistent-effective users. Compared with non-consistent-effective users, consistent-effective users were significantly more likely to report: higher condom (OR = 1.90, CI = 1.16–3.12) and UIP knowledge (OR = 1.82, CI = 1.18–2.80), more positive condom attitudes (OR = 1.36, CI = 1.05–1.75), disagreement that their sexual behaviors place them at high UIP risk (OR = 0.36, CI = 0.14–0.95), neutral agreement that UIP would hurt their career (OR = 1.85, CI = 1.09–3.15), higher levels of behavioral skills (OR = 2.53, CI = 1.42–4.51), greater behavioral intentions for preventing UIP (women only; OR = 7.91, CI = 1.86–33.65), and no prior unintended (OR = 0.30, CI = 0.10–0.93) or intended pregnancies (OR = 0.56, CI = 0.32–0.97).

Conclusions: Consistent-effective contraceptive use is associated with having knowledge, positive condom attitudes, lower perceived UIP risk, and behavioral skills to prevent UIP. With the exception of behavioral intentions for preventing UIP, no gender differences were found. UIP prevention interventions to increase consistent-effective use in adolescents and young adults are still warranted.

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41.

PREDICATORS OF IRB RISK CATEGORIZATION AND APPROVABILITY IN ADOLESCENT SEXUAL BEHAVIOR RESEARCH

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Purpose: Research on adolescent sexual behavior presents challenges for IRBs. Investigators and IRBs struggle with pediatric risk categorizations and often there are long delays in approvals. Investigators and IRBs must be knowledgeable about complex state healthcare consent laws, reporting requirements, federal regulations, and best practices. State laws are variable: while all allow minor consent for STI services, only a subset address pregnancy services. We surveyed IRB members, IRB staff, and investigators that submitted protocols involving adolescents. We examined the influence of knowledge of Indiana healthcare consent laws, best practices, federal research regulations, and self-efficacy on risk categorization and approval of a survey of adolescent sexual behavior.

Methods: Adolescent protocols at Indiana University are evaluated by a university-wide IRB. IRB members, IRB staff, and investigators that submitted protocols involving adolescents were invited to participate in an online survey of their knowledge, attitudes and